

PTO/SB/52 (09-04)

Approved for use through 04/30/2007. OMB 0851-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REISSUE APPLICATION DECLARATION BY THE ASSIGNEE**Docket Number (optional)  
3058.1000-023

I hereby declare that:

The residence, mailing address and citizenship of the inventors are stated below.

I am authorized to act on behalf of the following assignee: Aura Communications Technology, Inc.and the title of my position with said assignee is: Chief Operating Officer

The entire title to the patent identified below is vested in said assignee.

Inventor <u>Vincent Palermo</u>	Citizenship <u>USA</u>
Residence/Mailing Address <u>13 Stonybrook Road, Westford, MA 01886</u>	

Inventor <u>Patrick J. Cobler</u>	Citizenship <u>USA</u>
Residence/Mailing Address <u>26 Cherry Hollow Road, Nashua, NH 03062</u>	

Additional Inventors are named on separately numbered sheets attached hereto.

Patent Number <u>5,912,925</u>	Date of Patent Issued <u>June 15, 1999</u>
-----------------------------------	---

I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:

Diversity Circuit for Magnetic Communications System

the specification of which

☐ is attached hereto.☒ was filed on 6/14/01 as reissue application number 09/881,645and was amended on 6/14/01, 11/13/01, 11/25/02, 5/8/03, 11/25/03  
(if applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

☐ I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/02B (or equivalent) listing the foreign applications.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.☐ by reason of other errors.

[Page 1 of 2]

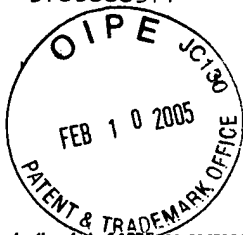
This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Page 1A

Neal R. Butler  
144 School Street, Acton, MA 01720

USA



PTO/SB/62 (09-04)  
 Approved for use through 04/30/2007. OMB 0851-0033  
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>	<b>Docket Number (Optional)</b> 3058.1000-023																				
<p>At least one error upon which reissue is based is described as follows:          The term "multiple uniquely oriented receivers" is being replaced with --multiple uniquely oriented transducers-- throughout the claims (e.g., claim 18) in view of the specification as originally filed (see issued patent 5,912,925), Abstract and specification e.g., col. 5, lines 19-20). Similarly, the term "transmitter devices" is being replaced with --transducers-- throughout the claims (e.g., claim 20). Variations of "receivers" and "transmitters" are being replaced with --transducers-- or respective variations thereof throughout the claims as appropriate. <span style="float: right;">[Attach additional sheets if needed]</span></p>																					
<p><b>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</b></p>																					
<p>I hereby appoint:</p> <p><input checked="" type="checkbox"/> Practitioners associated with Customer Number: <span style="border: 1px solid black; padding: 2px 20px;">021005</span></p> <p style="text-align: center;"><b>OR</b></p> <p><input type="checkbox"/> Practitioner(s) named below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Name</th> <th style="width: 50%;">Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Name	Registration Number																		
Name	Registration Number																				
<p>as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p>																					
<p>Correspondence Address: Direct all communications about the application to:</p> <p><input checked="" type="checkbox"/> The address associated with Customer Number: <span style="border: 1px solid black; padding: 2px 20px;">021005</span></p> <p style="text-align: center;"><b>OR</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><input type="checkbox"/> Firm or Individual Name</td> <td colspan="3"> </td> </tr> <tr> <td>Address</td> <td colspan="3"> </td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> <td> </td> </tr> <tr> <td>Country</td> <td colspan="3"> </td> </tr> <tr> <td>Telephone</td> <td>Fax</td> <td colspan="2"> </td> </tr> </table>		<input type="checkbox"/> Firm or Individual Name				Address				City	State	Zip		Country				Telephone	Fax		
<input type="checkbox"/> Firm or Individual Name																					
Address																					
City	State	Zip																			
Country																					
Telephone	Fax																				
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>																					
Signature	Date <span style="border-bottom: 1px solid black;">2/8/05</span>																				
Full name of person signing (given name, family name) <span style="border-bottom: 1px solid black;">Charles Muehl</span>																					
Address of Assignee																					